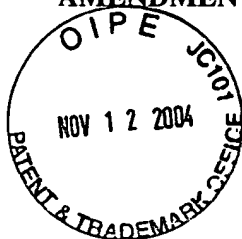


AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 020267
In Re Application of: Serge Willenegger
Serial Number: 10/081,596
Filed: 2/20/02
Examiner: Tammy S. Lele
Group Art Unit: 2684

RECEIVED

NOV 15 2004

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

Technology Center 2600

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid |
|--|--|---|------------------------|--|----------|
| Total* | 6 | 20 | 0 | x \$18 = | \$0.00 |
| Independent** | 3 | 3 | 0 | x \$88 = | \$0.00 |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | \$300 | \$0.00 |
| EXTENSION FEES | | | | <input type="checkbox"/> One Month | \$110 |
| | | | | <input checked="" type="checkbox"/> Two Months | \$430 |
| | | | | <input type="checkbox"/> Three Months | \$980 |
| TERMINAL DISCLAIMER | | | | \$110 | \$0.00 |
| | | | | TOTAL FEE | \$430.00 |

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$430.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: November 8, 2004

Signature:

Ravi Patel & Reg. No.: 53,441
Phone No.: (858) 651-7435QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Kelley M. O'Patry
(type or print name)

Date: November 8, 2004

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____
(type or print name)

Signature: _____

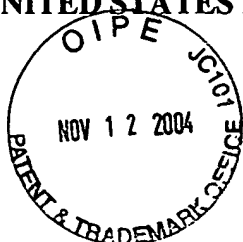
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application
No. 10/081,596

Serge Willenegger

Examiner: Tanmay S. Lele

Filed: 2/20/2002



For: METHOD AND APPARATUS
FOR A DEDICATED PHYSICAL
CHANNEL IN A WIRELESS
COMMUNICATION SYSTEM

) Group No. 2684

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Technology Center 2600

RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Final Office Action dated June 7, 2004, Applicants request consideration of the claims in view of the remarks provided below. Applicants hereby file a Request for Continued Examination (RCE) as set forth in 37 C.F.R. 1.114.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Depositor's Name: Kelley M. O'Patry
(type or print name)

Date: November 8, 2004

Signature:

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____
(type or print name)

Date: _____

Signature: _____

REQUEST FOR EXTENSION OF TIME

A Petition for Extension of Time and the appropriate fee are filed herewith to extend the response period from September 7, 2004 to November 7, 2004.